

**DATE PRESENTING CLINICAL SIGNS**

7/20/23 Weight loss, diarrhea for approx. 4 months. Elevated liver enzymes on labwork in May.

**PATIENT** Current Medications: Denamarin 0-12lb dose- 1 SID since May.  
Lily Muir Lab Results: 5/19/23- ALT 173 (27-158), ALP 123 (12-59), Monos 1074 (40-530).  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES** Imaging Performed By: Stephanie Warga RDCS, RVT.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.61 cm. The left kidney measured 3.46 cm.

**AGE**

4/23/08

**WEIGHT**

6 Pounds

**Adrenal Glands**

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.43 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The region of the **left adrenal gland** was unremarkable.

**HOSPITAL NAME**

Bay Country VH

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**REFERRING VET**

Dr. McLean

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**INVOICE**

44220

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided

by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Wall thickness measured 0.20 cm in the jejunum.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Dilated pancreatic duct noted at 0.36 cm. Left pancreatic limb measured 0.73 cm.

### **Free Abdomen**

Mesenteric lymph nodes were enlarged, measuring 2.0 cm x 1.0 cm as a cluster.

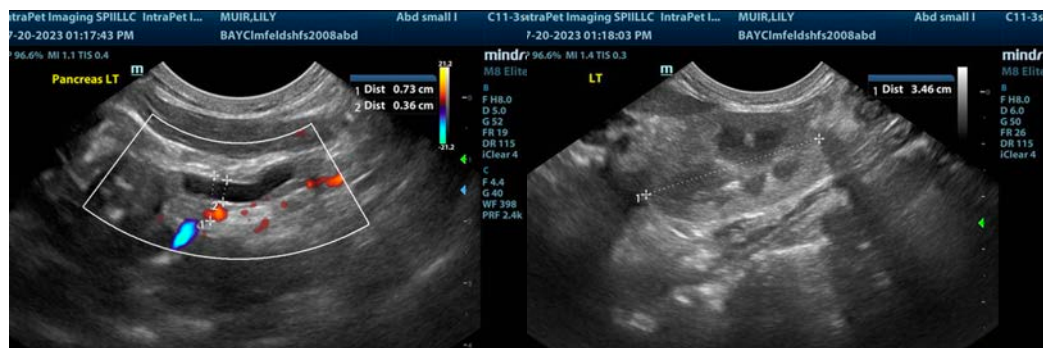
### **ULTRASONOGRAPHIC FINDINGS**

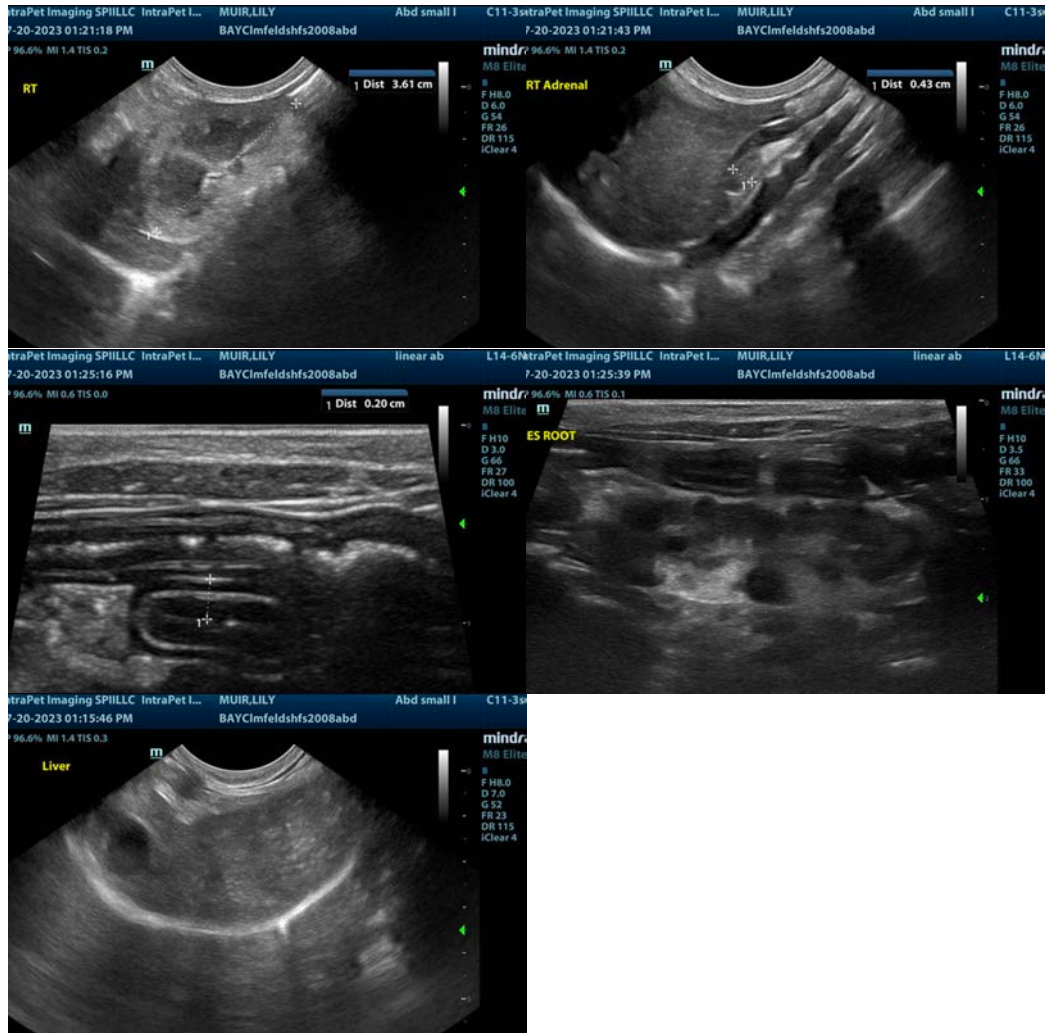
- IBD GI pattern
- Mesenteric lymphadenopathy
- Hepatic and pancreatic remodeling
- Age related renal changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of neoplasia noted. However, emerging round cell neoplasia or even dry form FIP of the mesenteric lymph nodes could be considered. FNA indicated to ensure this is a reactive lymphadenopathy. Cytology +/- culture of the mesenteric lymph nodes indicated. No other evidence of potential neoplastic malformation noted.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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